



# Personal Information Change Form

**Instructions:** You are required to complete this form if any of the following has changed since the submission of your application for licensure to the MLGCA: address, name or if you have been arrested.

Current Facility: Date:

Name: License Number

Is this a new address?      YES      NO

Current Address:

City: State:

Zip Code: County/City

Current Phone Number:

Current E-mail Address:

Did your name change?      YES      If yes, please provide court  
   NO      documentation to the MLGCA office

Previous Name: Current Name

Since the submission of application for licensure with the MLGCA, have you been arrested?

                         YES      NO

If you selected **YES** please complete the information below and provide a copy of the charging documents to the MLGCA office.

Date of Arrest:

Description of Arrest:

Arresting Agency: City/County of Arrest

I certify that all information in this application is true and correct. I understand that any false statements on this application may be grounds for revocation of license.

Signature Date

HR Approval Date